

SERVICE UTILIZATION REPORT: SFY'06

Children with Special Health Care Needs



Special Medical Services Section
Bureau of Medical Services
Division of Community Based Care Services
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Introduction

New Hampshire's Special Medical Services (SMS) provides medical and financial services, statewide, to children and youth (ages birth to 21) with physical disabilities, chronic illnesses, and special health care needs, within the framework of the Federal Title V Maternal and Child Health goals and objectives. Many of SMS services are provided through contracted agents.

- **Information and Referral** addresses chronic illness or disabilities affecting children. National, state, and community resources are made known to families and the professional community. Referral is made to medical specialists experienced with CSHCN. Information and referral activity is reported annually, in a separate document.
- **Specialty Team Clinics** may include a care coordinator, physical therapists, nutritionist, psychologists, developmental pediatricians, pediatric orthopedists, and others. Clinics include **Child Development**: a network of five family-centered, community-based programs (contracted), and **Neuromotor Disabilities**: a network of six clinics which are family-centered and community based.
- **Pediatric Nutrition, Feeding and Swallowing Consultation** is provided to children and families through contracted services that are available in the home, at school, and in community settings. Training and consultation to physicians and other professionals is also provided.
- **Care Coordination** services are provided to any family with a child who has special health care needs regardless of family income or where families go to receive care. This service includes a variety of comprehensive, ongoing activities to assist the family with problem solving and making the linkages needed to meet the child's needs within the services available.
- **Adjunct Services** include pre-enrollment activities that are coordination-related, such as specialized outreach to targeted sub-populations (i.e., children receiving SSI, or children applying for Home Care for the Chronically and Severely Disabled [HC-CSD or Katie Beckett], medical home pilot project).
- **Financial Assistance** for health care and related services is provided to income-eligible families who have a child under the age of 21 years with an eligible medical condition.
- **Psychology Consultation Services** are available to any family regardless of financial eligibility through an SMS contracted professional. The psychologist provides family and school consultations, individual child assessments, and selected short-term treatment.
- **Family Support Services** are provided directly by SMS staff and through contracts with New Hampshire Family Voices and Parent to Parent, which also operate toll-free information and referral phone lines. These services are reported annually in separate documents.

FY06 Data Summary

CENSUS

- 3,356 in database

AGE

- 73% between ages of birth and 9
- 27% between ages of 10 and 21

NEW ENROLLMENT

- N= 783
- 23% of census

COUNTY DISTRIBUTION

- Ratio consistent with county population

REFERRAL SOURCES

- Primarily physicians (28%), Social Security (22%), and Early Intervention Part C (17%)

DISCHARGES

- N=935
- 41% had no further need or request for service

PROGRAM CENSUS

- Specialty Clinics: 1932
- Nutrition, Feeding and Swallowing: 654
- Care Coordination: 465
- Adjunct Services: 237

OUTREACH

- 7017 Outreach Encounters
- Primarily telephone visits (70%) and for the purpose of follow-up (47%)

ADJUNCT SERVICES

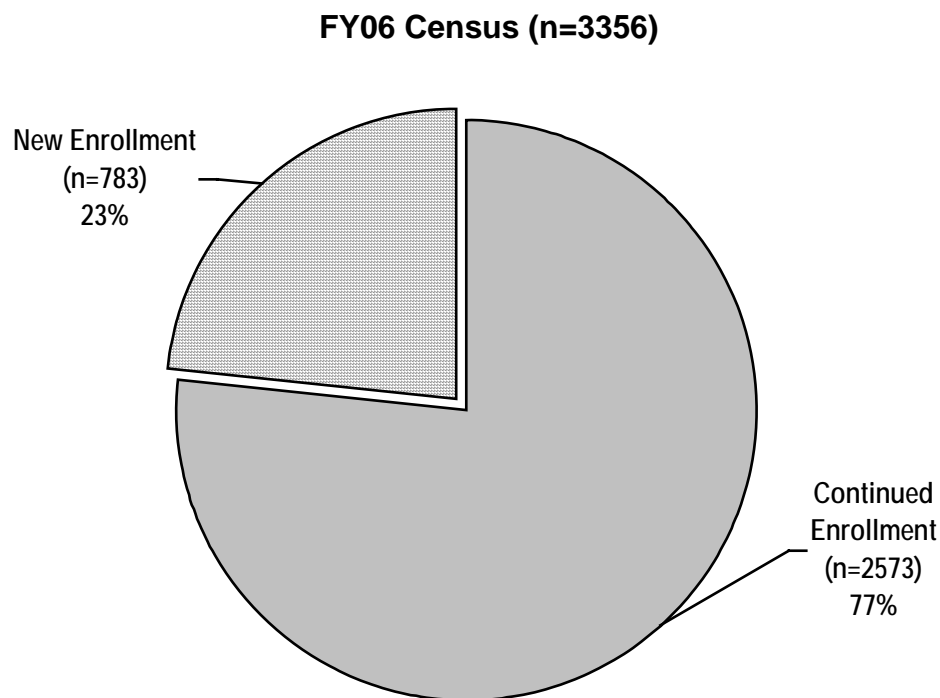
- 60% related to follow-up of SSI referrals

PART 1: Overview of Clients Served

Census

The Special Medical Services database of active clients indicates an active census of 3,356 children between birth and 21 years of age, enrolled in New Hampshire's Title V¹ Program for children with special health care needs in state fiscal year 2006². This number reflects an increase of 7% over FY05 (n=3,129), which is likely the result of filling position vacancies that were "frozen" due to state budget constraints and expanded outreach activities. Of the total census, 23% were new admissions, which is an increase of 15% over new admissions for FY05 (n=664). **(Figure 1)**

Figure 1



¹ The Maternal and Child Health Services Title V Block Grant Program, CFDA #: 93.994, provides Federal funds to assist the States in the design and implementation of programs to meet their maternal and child health needs.

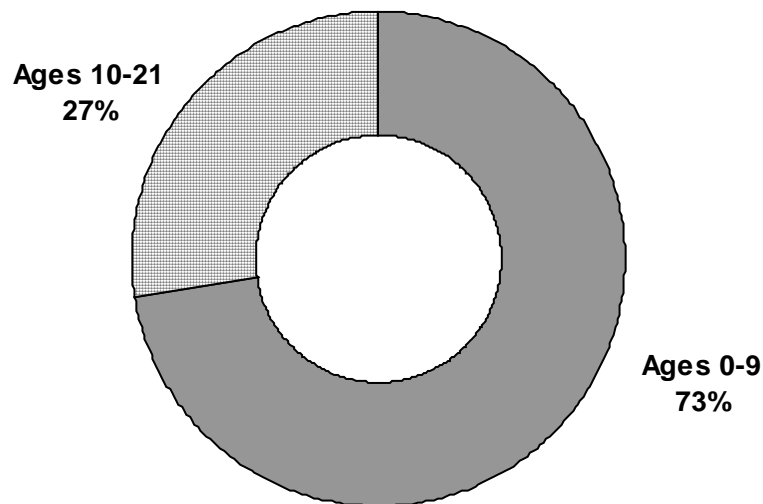
² The state fiscal year is from July 1 through June 30 of the following calendar year.

Age Distribution

Seventy-three percent of all active children (n=2446) were between the ages of birth and age nine. Twenty-seven percent (n=910) were between the ages of ten and twenty-one. This ratio is the same as the previous year. **(Figure 2)**

Figure 2

All Active Children, Two Major Age Groups FY06



Thirty-six percent (36%) of children were in the five-to-nine years age group, compared with only twenty-three percent (23%) of new enrollments. This continues a decade-long trend of fewer new enrollments at older ages coupled with the medically preferable increase of earlier-age enrollments. The ten-year trend presented in the previous FY05 report clearly indicated that:

- More children are being newly enrolled at an earlier age, with an overall increase of 24% in ten years
- There is more emphasis on early identification and referral
- The percentage of new enrollments of children ages 10-21 is decreasing, with an overall decrease of 12% in ten years

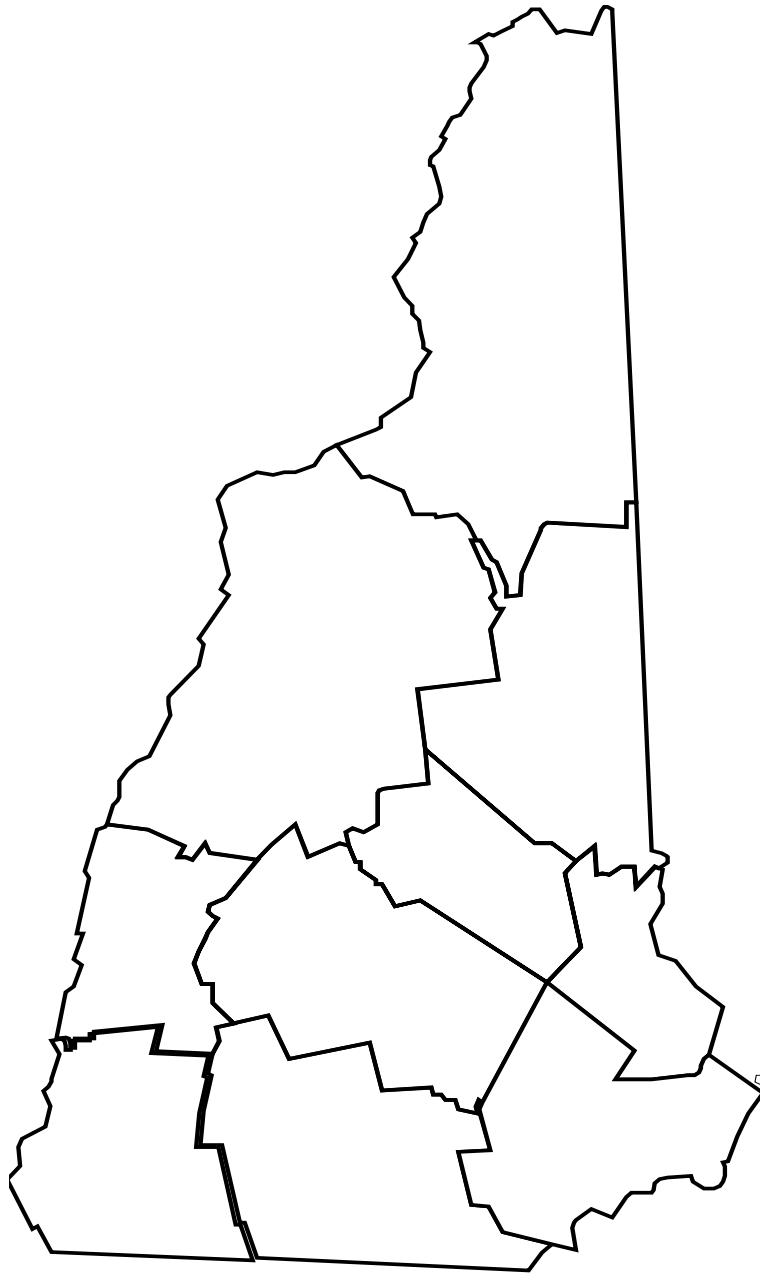
These trends are consistent with the federal focus of Maternal and Child Health initiatives and block grant funding for Title V services for children with special health care needs. The current emphasis is on assisting the states to increase infrastructure development for their localities, while decreasing the emphasis and reliance on the state-funded provision of direct services.

Distribution by County

The distribution pattern of active consumers by county (n=3,346³) is comparable to the statewide distribution pattern of the previous ten years. **(Figure 3)**

FIGURE 3

SMS ACTIVE CENSUS BY COUNTY OF RESIDENCE FY06 (N=3346)



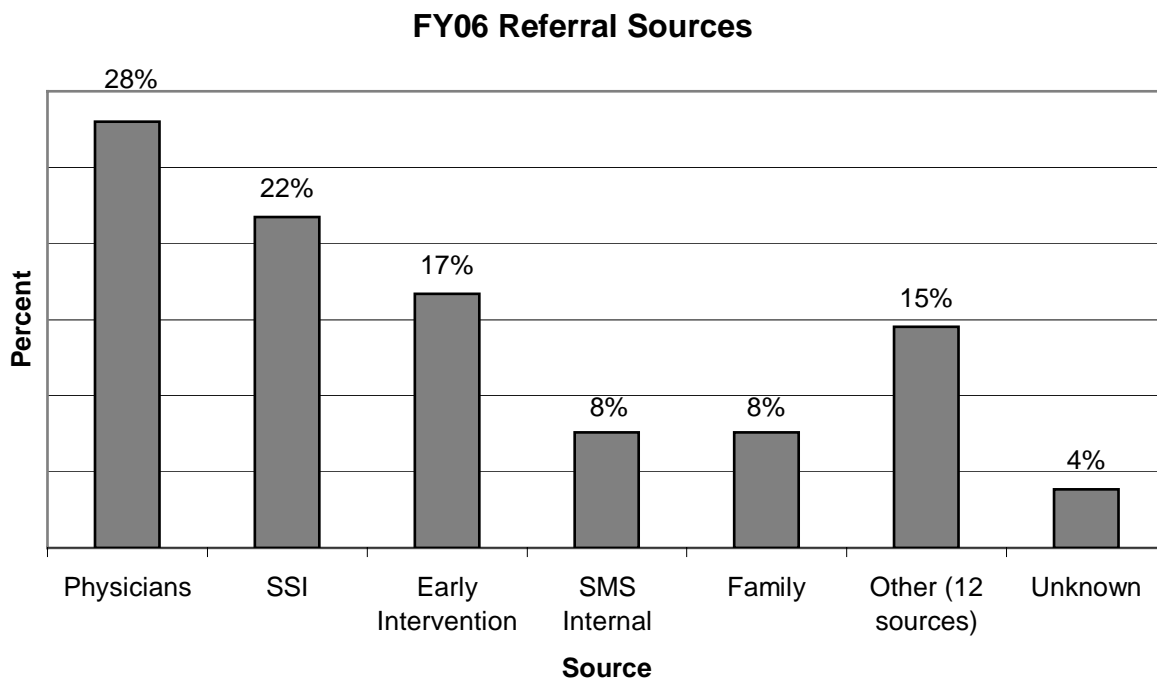
³ The county count by report (n=3346) is lower (n=10) than the count by the program code report (n=3356) due to internal database programming issues, which cannot be corrected.

Referral Sources

In FY06, there were 783 new referrals to all programs. This is a 15% increase over FY05 (n=664). The highest percent of new referrals was from physicians, which included pediatricians, other primary care physicians, psychologists, and specialists. Children referred by Social Security (SSI) constituted the second largest group. Early Intervention/Part C comprised the third highest referral source. The fourth highest referral source was internally from one Special Medical Services program/clinic to another Special Medical Services program or clinic. Over the past decade, referrals from physicians and Early Intervention/Part C have steadily increased.

New referrals from parents/friend/self followed. Referrals from community providers (such as daycare settings or parent advocacy groups), and other health-related providers (such as school nurses and hospitals) comprised the “other” category. “Unknown” made up the remainder of the referrals. The FY06 number of “unknowns” represents a 50% improvement over the “unknowns” rate for FY05. This is attributed to updated protocols for staff reporting and improved data entry performance. **(Figure 4)**

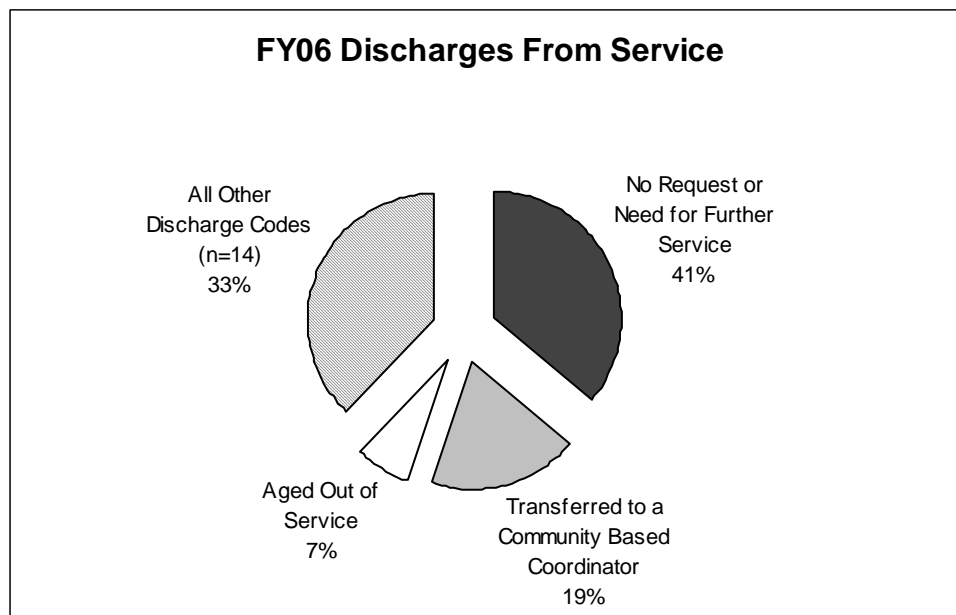
Figure 4



Reasons for Discharge

Nine hundred and thirty-five (935) children were discharged from SMS in FY06.⁴ The most frequent reason for discharge (41%) was no further need or request for ongoing service (n=384), followed by transfer of 19% of cases to community-based care coordination (n=177.) Seven percent of children exceeded the age eligibility (n=66) and the remaining discharges (n=308) were distributed among 14 other discharge codes, with the majority of children being unable to be located. **(Figure 5)**

Figure 5



Enrollment by Program

Child Development had the highest census among the various programs, at 48% (n=1586), with Nutrition, Feeding and Swallowing next at 19% (n=654). Community based care coordination comprised 14% (n=465) and Neuromotor Disabilities made up 12% (n=414) of the census. Adjunct Services included consultation on spina bifida cases, Medicaid activity related to home care, medical home pilot project, and outreach to children referred by SSI to assess their need for service. Adjunct Services was 7% of the census (n= 237). **(Figure 6)**

⁴ This is a 12% decrease compared to the discharges in FY05 (n=1,069), however the FY05 data included the results of a two-year clean up of all records. Many of the discharges were electronic closings of case records that had already been manually closed.

Figure 6

Of the 783 new enrollments, Adjunct Services was the largest category for new enrolments at 22% (n=173), followed by Child Development, at 34% (n=264), Nutrition Feeding and Swallowing at 28% (n=213), Community Based Care Coordination at 13% (n=101), and Neuromotor Disabilities at 3% (n=22). **(Figure 7)**

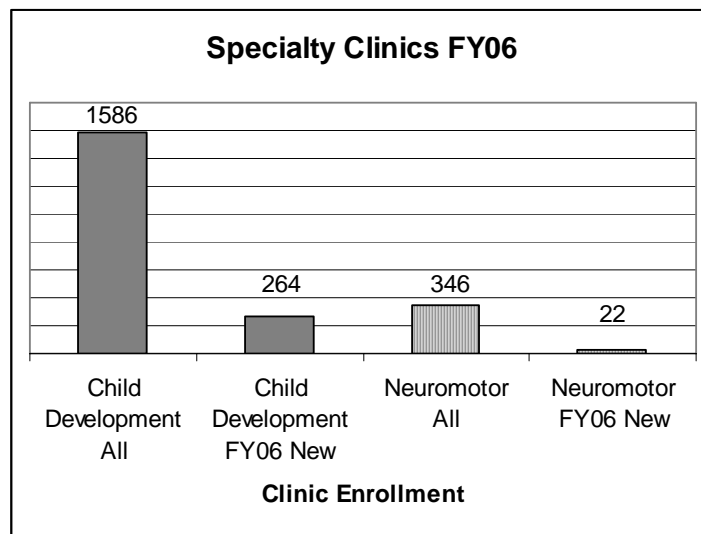
Figure 7

Part II. Program Reports

The Specialty Clinics: Child Development and Neuromotor Disabilities

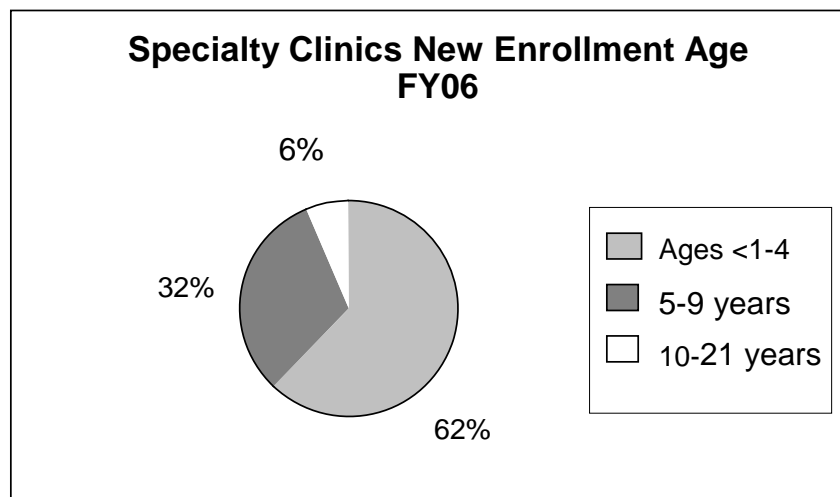
Specialty Clinics reported a total enrollment of 1932 in FY06. The Child Development Program comprised 82% (n=1586) of the census. The Neuromotor Program made up 18% (n=366) of the census. Not included in the census tally were 21 children who were siblings of enrolled clients, and 37 children on the Neuromotor waiting list. New enrollment for Child Development was 264 children and 22 for the Neuromotor Disabilities program. **(Figure 8)**

Figure 8



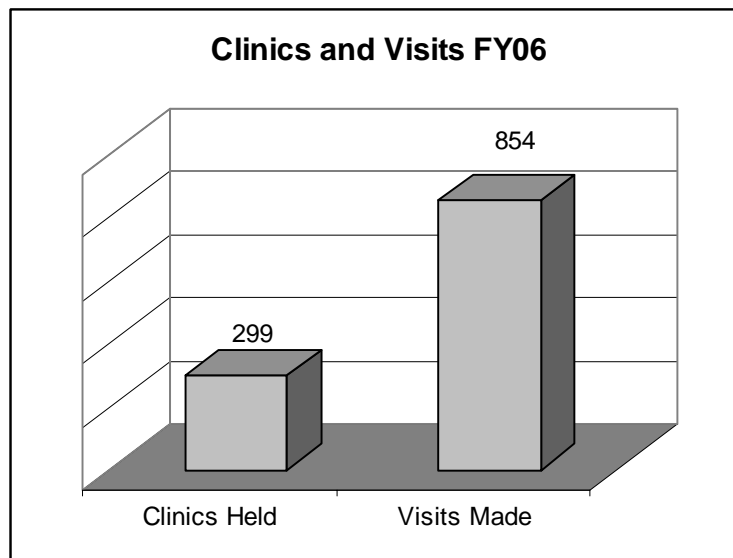
Ages birth to 4 made up 65% of the 286 new clients in the specialty clinics, followed by ages 5 to 9 at 29% and ages 10 to 21, at 6%. **(Figure 9).**

Figure 9



The two specialty clinic programs, Child Development and Neuromotor, held 299 clinics in FY06, a 6% increase over FY05 (n=281). There were 854 visits made to clinics, which is a 9% decrease from FY05 (n=942). **(Figure 10)** This continues the ten-year trend measured by the average number of visits from FY95 through FY05 which indicated an 11% decrease in visits over the decade, primarily the result of the transfer of the condition-specific clinics to the private sector. The changes between FY05 and FY06 reflect an increasing complexity of the children served and the need for increased visit time.

Figure 10



During FY06 the clinics served 708 children or 37% of the total enrollment. There were 2,947 clinic encounters by the various professional disciplines (e.g. occupational therapist, developmental pediatrician, orthotics consultant, speech therapist, psychologist etc.), which is a 7% decrease from FY05 (n=3,169). **(Figure 11)**

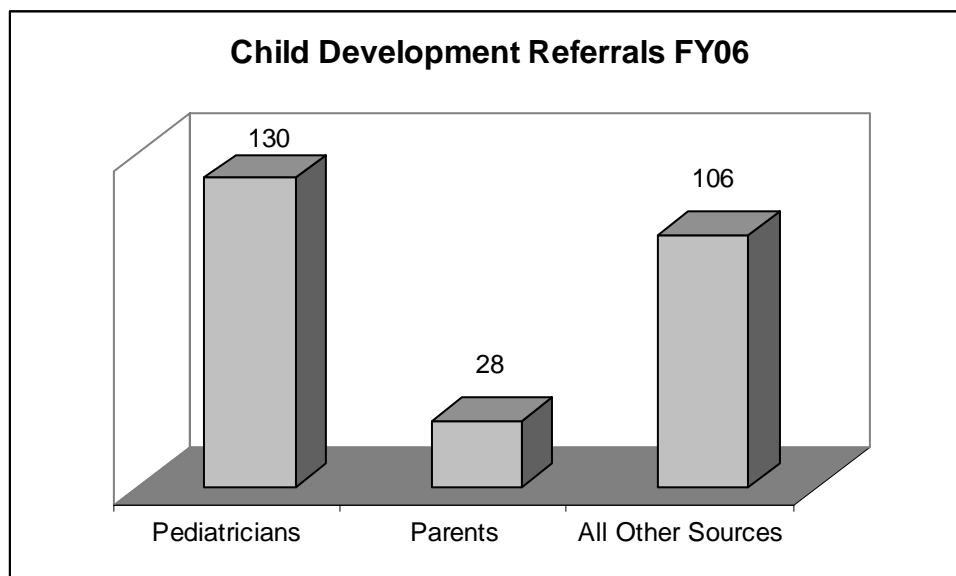
Figure 11

Child Development Programs:

The programs served 435 children, or 27% of their enrollment of 1,586. It appears that these data reflect less emphasis on, or capacity for, follow-up activities. Children were served in five locations throughout the state. These are: Durham, Lakes Region, Lebanon, Manchester, and North Country. The Child Development programs held 240 clinics, which had a total of 476 visits. The Child Development programs reported 1,166 clinic encounters by 9 different professional disciplines during FY06.

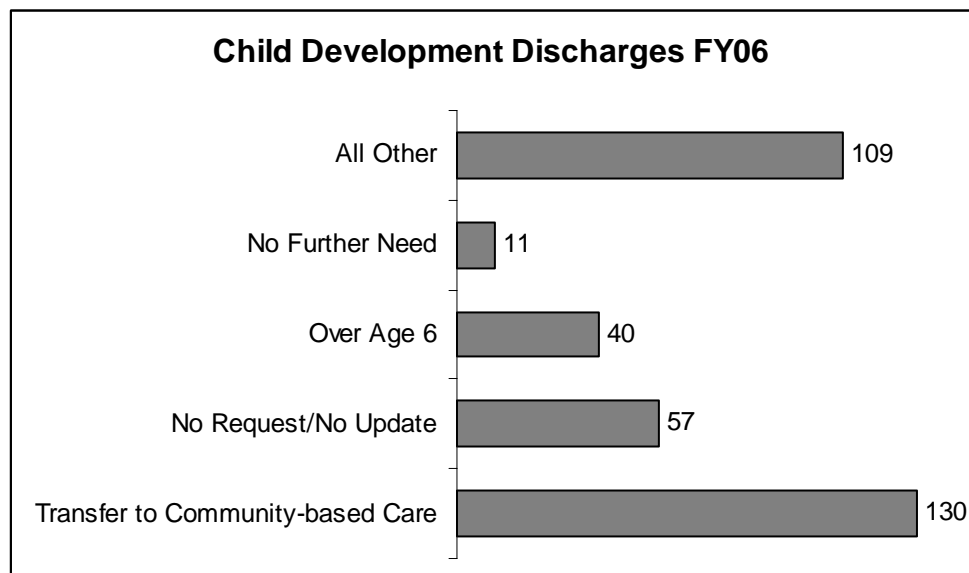
The primary referral sources in FY06 were pediatricians at 49% (n=130), and parents/friends at 11% (n=28). Total new referrals were 264. **(Figure 12)**

Figure 12



The Child Development programs discharged 347 children in FY06. The primary reasons for discharge were transfer to community-based care (n=130), no further care needed (n=61), no update/no request (n=57), and over the age limit (n=40). **(Figure 13)**

Figure 13

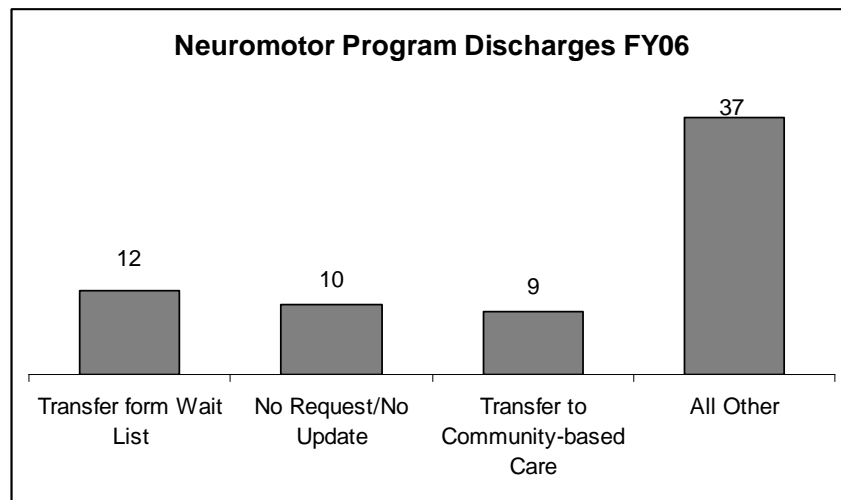


Neuromotor Program:

The Neuromotor program served 273 children, or 79% of their enrollment of 346. Children were served in six sites across the state. These are: Concord, Exeter, Keene, Lancaster, Lebanon, and Manchester. There were 60 clinics held, which had 378 visits in FY06. The Neuromotor programs report 1,781 encounters by 9 different professional disciplines. The primary referral sources in FY06 were from one SMS program to another SMS program, followed by pediatricians. New enrollment totaled 22 children.

The Neuromotor program discharged 68 children in FY06. The primary reasons for discharge were transfer from the wait list (18%), no update/no request (15%), and transfer to community-based care coordinators (13%). **(Figure 14)**

Figure 14

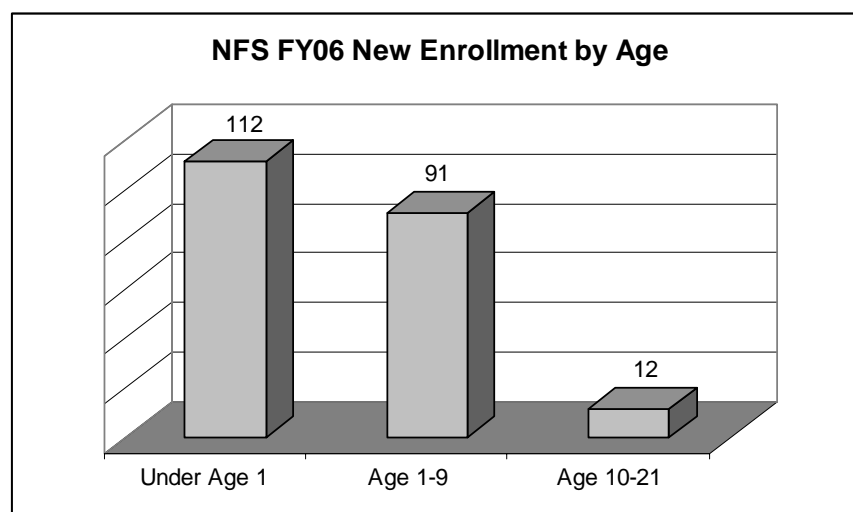


Nutrition, Feeding and Swallowing (NFS)

These contracted services reported an FY06 enrollment of 650, which is a 25% increase over FY05 (n=485). NFS constitutes 19% of the SMS census, up from 15% in FY05. The services currently include nutrition care coordination, financial assistance, records management only, Early Intervention records management, cystic fibrosis services and diabetes services.

New enrollments for NFS totaled 215, or 33% of their census in FY06. Children under the age of 1 made up 52% (n=112), ages 1 to 9 made up 42% (n=91), and ages 10 to 21 made up 6% (n=12). (**Figure 15**)

Figure 15



The primary referral source was Early Intervention/Part H, at 47% (n=100), followed by pediatricians at 16% (n=34), followed by SMS program to another SMS program 10% (n=22), and referral by parents at 7% (n=15). **(Figure 16)**

Figure 16

The primary reasons for the 197 discharges in FY06 were no update/no request at 20% (n=39), from community-based care coordination to another SMS program at 15% (n=30), and within normal limits at 1% (n=21). Unable to locate constituted 8% of discharges (n=16) and all other discharge codes were 46% (n=91). **(Figure 17)** Nutrition, Feeding and Swallowing Services submits a separate annual report.

Figure 17

